 REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT	Application Number	09/788,280
	Filing Date	February 15, 2001
	First Named Inventor	David S. BURT
	Group Art Unit	1648
	Examiner Name	U. Winkler
Attorney Docket Number		405352000600

To: Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313

I hereby apply to withdraw as attorney or agent for the above identified application.

This request to withdraw is being made at the request of the applicant.

RECEIVED

SEP 16 2003

TECH CENTER 1600/2900

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number →

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Townsend and Townsend and Crew LLP Karen B. Dow				
Address	High Bluff Drive Suite 400				
City	San Diego	State	California	Zip	92130
Country	US	Telephone	(858) 350-6100	Fax	(858) 350-6111

- ☒ This request is made on behalf of myself and
- ☒ all attorneys/agents of record, except Karen B. Dow - Reg. No. 29,684
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number _____

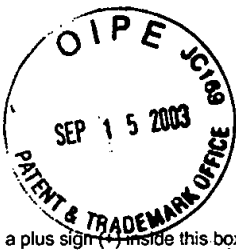
This request is enclosed in triplicate.

Name	Kate H. Murashige - Reg. No. 29,959
Signature	<i>Kate H. Murashige</i>
Date	September 9, 2003

NOTE: Withdrawal is effective when approved rather than when received.
 Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, on the date shown below.

Dated: 9/10/03 Signature: Garee A. Haney (Garee A. Haney)



Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)
Approved for use through 10/31/02. OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/788,280
	Filing Date	February 15, 2001
	First Named Inventor	David S. BURT
	Group Art Unit	1648
	Examiner Name	U. Winkler
Total Number Of Pages In This Submission	4	Attorney Docket No. 405352000600

RECEIVED
SEP 16 2003
TECH CENTER 1600/2000

ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declarations | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | Request to Withdraw as Attorneys of Record (in triplicate) |
| <input type="checkbox"/> Information Disclosure Statement, PTO Form 1449, References | <input type="checkbox"/> Request for Refund | Return Postcard |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Kate H. Murashige Reg. No. 29,959 Morrison & Foerster LLP 3811 Valley Centre Drive, Suite 500, San Diego, California 92130
Signature	
Date	September 9, 2003

CERTIFICATE OF MAILING BY "FIRST CLASS MAIL"

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on September 10, 2003.

Garee A. Haney

Burden Hours Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Issue Fee, Washington, DC 20231.